Intimate Partner Violence Screening

CRS Measure

Denise Grenier, MSW, LCSW
Denise.Grenier@ihs.gov
(520) 670-4865

Stephanie Klepacki, Business Systems Analyst, DNC
Stephanie.Klepacki@ihs.gov
(505) 821-4480

Domestic Violence
GPRA Clinical Performance Measure

- During FY 2007
  - The IHS will maintain the domestic/intimate partner violence screening rate in female patients ages 15-40 at the FY 2006 rate of **28%.**
- IHS 2010 goal for DV/IPV Screening
  - 40% for female patients ages 15-40

Clinical Objectives of CRS IPV/DV Screening Measure

- Objective
  - *To encourage routine screening*
- Standard
  - Adult females should be screened for domestic violence at a *new encounter* and *at least annually*;
  - Prenatal patients should be screened *once each trimester*

*Source: Family Violence Prevention Fund

Definition of IPV/DV

Intimate Partner Violence is a **pattern of assaultive and coercive behaviors** that may include inflicted physical injury, psychological abuse, sexual assault, progressive social isolation, stalking, deprivations, intimidations and threats.

These **behaviors are perpetrated by someone who is,** was, or wishes to be involved in an **intimate or dating relationship** with an adult or adolescent, and are **aimed at establishing control** by one partner over the other.

Source: Family Violence Prevention Fund

Violence Against Women

- Approximately 4.4 million adult American women are abused by their spouse or partner each year.
- 30% of women in the United States experience domestic violence at some time in their lives.
- Women are 7 to 14 times more likely to suffer a severe physical injury from an intimate partner than men.

Rates of Violence Against AI/AN Women

- American Indian and Alaska Native women experience domestic violence at rates higher than the national average.
- 13.5% of Navajo women seeking routine care at an IHS facility reported physical abuse in the past year; 41.9% had experienced physical abuse from a male partner at least once in their lives.
- 75% of women in the San Carlos Apache tribe reservation reported violence in their current relationship.

Young Women at Risk

- Women ages 16-24 are the group most likely to be victims of Intimate Partner Violence.
- Women in their high-school years to their mid-20s are nearly three times as vulnerable to attack by a husband, boyfriend or former partner as those in other age groups.
- Sixteen out of every 1,000 women between the ages of 16 and 24 were attacked by an intimate partner in 1999 – the highest rate of any age group.

IPV During Pregnancy

- Women may experience the start or escalation of violence during pregnancy.
- A review study found that an average of 4 to 8% of women had experienced intimate partner violence during pregnancy.
- In a survey of pregnant women at the Albuquerque Indian Hospital, 16% of women reported experiencing domestic violence within the last year.

Risks of IPV During Pregnancy

- Abused pregnant women are at higher risk for infections, low birth weight babies, smoking, use of alcohol and drugs, maternal depression and suicide than non-abused pregnant women.

- Routine screening for intimate partner violence during pregnancy, with appropriate intervention, can help prevent more trauma.

Health Effects of Domestic Violence

- Symptoms of domestic violence may appear as injuries or chronic conditions related to stress.
- Women who experience domestic violence are more often victims of nonconsensual sex.
- They also have higher rates of smoking, substance abuse, chronic pain syndromes, depression, anxiety, and Post-Traumatic Stress Disorder.

Justification for Screening

- US Preventive Services Task Force (USPSTF)
  - Effectiveness of screening has not been validated but…
  - Screening is justifiable on other grounds including:
    - High prevalence of undetected abuse among female patients
    - Low cost and low risk of screening
    - Adverse economic and social impact of abuse
    - DV is a chronic, life-threatening condition that is treatable – if abuse is left untreated the severity and frequency of abuse often worsens

Justification for Screening

- Recommended by:
  - American Academy of Family Physicians
  - American College of Physicians
  - American Medical Association
  - American College of Obstetricians and Gynecologists
- JCAHO Mandate
- GPRA Clinical Performance Measure
- Women want to be asked!

Guiding Principles

- Safety of victims and children
- Respect for the integrity and authority of the victim's choices
- Perpetrators are responsible for starting and stopping violence

Screening Best Practices

- What should providers screen for?
  - Current and lifetime exposure (long-term impact on health)
  - Direct questioning about physical, emotional and sexual abuse
- Who should be screened routinely?
  - All adolescent and adult female patients
  - GPRA age parameters or locally defined parameters
  - May screen men for victimization, however…
    - Majority of victims are female
    - Risk screening fatigue among providers, low "ROI"
    - Requires advanced training

**Material on next five slides from FVPF National Consensus Guidelines On Identifying And Responding To Domestic Violence Victimization in Health Care Settings*

Screening Best Practices

- How should screening occur?
  - Conducted routinely regardless of presence or absence of indicators of abuse
  - Orally as part of face-to-face encounter or written or computer-based questionnaire
  - Direct and non-judgmental language
  - Privately and confidentially with an interpreter if necessary
- When should screening occur?
  - As part of routine health history (social hx, ROS)
  - As part of standard health assessment (or at every urgent care encounter)
  - During every new patient encounter
  - Visit for a new chief complaint, new intimate relationship

Recommended Language

- “Because violence is so common in so many people’s lives, I’ve begun to ask all my patient’s about it routinely.”
- “Are you in a relationship with a person who physically hurts or threatens you?”
- “Did someone cause these injuries? Who?”

Health and Safety Assessment

- Goals:
  - Create a supportive environment in which the patient can discuss the abuse
  - Enable the provider to gather information about health problems associated with abuse
  - Assess the immediate and long-term health and safety needs for the patient in order to develop and implement a response

Interventions

- Provide validation, listen nonjudgmentally
  - "I'm concerned for your safety."
  - "You're not alone. Help is available."
- Provide information
  - "Domestic Violence is common and happens in all kinds of relationships. Violence tends to continue and often becomes more frequent and severe".
- Respond to safety issues
- Make referrals to local resources (Tribal or community DV Advocate, Hospital/Clinic Social Worker)
- Know your state and tribal reporting laws

Documentation and Follow-Up

- Document appropriately in the medical record
  - Relevant history, results of physical exam, lab and other diagnostic procedures
  - Results of assessment, intervention and referral
  - Use patient's statements, avoid pejorative language e.g. "patient refuses services" or "patient alleges"
- Follow-up and Continuity of Care
  - At least one follow-up appointment or referral with a primary care provider, Social Worker or DV advocate should be offered after disclosure
  - Review medical record and ask about IPV at each follow-up
  - Communicate concern and assess safety and coping or survival strategies
  - Coordinate and monitor care plan with SW or DV Advocate

Improving Screening Rates with RPMS

- PCC and BHS Output Reports
  - Controlled by a security key
  - Local data by clinic, provider and patient (vs. aggregate national CRS data)
  - Timely data for peer reviews and performance improvement efforts
  - Identify providers/clinics with high screening rates
  - Identify providers/clinics with low screening rates
- Health Maintenance Reminder
  - Displays on Health Summary
  - Reminder to screen is provided at the point of care
    - Immediate access to patient's screening status (e.g. patient screened and result, or "screening due")

PCC and BHS Screening Reports

- Tally and listing of all patients receiving IPV/DV screen including refusals, sort by:
  - Date range
  - Age
  - Gender
  - Result
  - Provider (of exam, if available; Primary Provider of Visit, PCP)
  - Date
  - Clinic
  - POV

**Note: These reports are not meant to be used in place of CRS for GPRA reporting; they are for local use only.*

Health Maintenance Reminder

- IPV/DV Health Maintenance Reminder
  - Title: DV-IPV Screening
  - Triggered by Exam Code #34
- Default Parameters (based on GPRA Measure)
  - Females
  - 15 years- 40 years
  - Yearly screening

*HMR Parameters can be changed to reflect local policy and procedures regarding screening

Health Maintenance Reminder

- Displays on Health Maintenance Reminder (HMR) component of Health Summary
- HMR has to be added to each type of HS
- HS Display
  - Title of Screen *and the notation:*
    - "May be Due Now" *or*
    - Date Last Done
    - Screening Result
    - Initials of Provider who screened

Resources

Family Violence Prevention Fund
http://www.endabuse.org/programs/healthcare/

Sacred Circle
http://www.sacred-circle.com/

American Medical Association
www.ama-assn.org/go/violence

Indian Health Service
http://www.ihs.gov/MedicalPrograms/MCH/V/index.cfm